



Continuum of HIV Care in Newly Diagnosed Persons — California, 2018



The California Department of Public Health, Center for Infectious Diseases, Office of AIDS has developed continuums of HIV care for persons newly diagnosed with HIV in California. These continuums differ from a traditional HIV care continuum in that they only include persons who have been diagnosed with HIV during the specified year, and report on stages of care in terms of length of time from diagnosis.

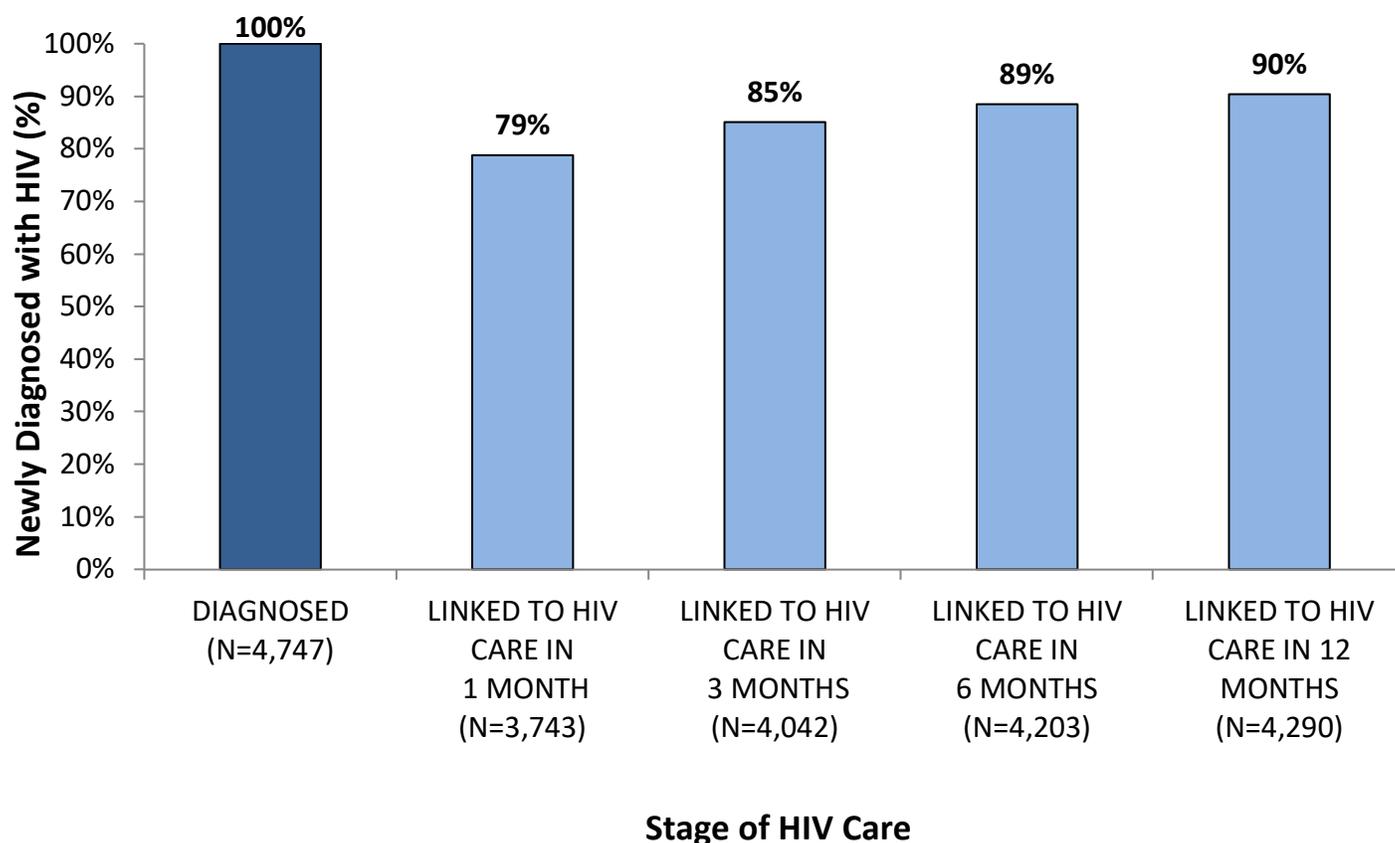
This report includes all persons diagnosed with HIV infection during 2018 who were residing in California at the time of diagnosis. Persons who are newly diagnosed may or may not have been recently infected with HIV. The data were extracted from the California HIV Surveillance System at least 12 months after the end of the calendar year to allow for delays in case and laboratory reporting.

Highlights from the Newly Diagnosed Persons Continuum of HIV Care — California, 2018

- Of the 4,747 Californians newly diagnosed with HIV during 2018, 79 percent were linked to care within 1 month of diagnosis; 89 percent were linked within 6 months; and 90 percent were linked within 12 months. A primary objective of California's integrated plan for getting to zero (GTZ) is to increase the percentage of newly diagnosed persons linked to care within one month or their HIV diagnosis to at least 85 percent by 2021.
- Sixty four percent were virally suppressed within 6 months of diagnosis while 70 percent were virally suppressed within 12 months of diagnosis. The related GTZ objective is to increase the percentage of newly diagnosed persons who achieve viral suppression within six months of diagnosis to at least 75 percent by 2021.
- Persons aged 25-44 years achieved 65 percent viral suppression within six months, the highest among all age groups. For the remaining age groups, viral suppression within 6 months of diagnosis ranged from 52 percent to 62 percent.
- Cisgender men were more likely to be virally suppressed than cisgender women (64 percent versus 61 percent) within 6 months of diagnosis. Transgender women had lower viral suppression (69 percent) than transgender men, who achieved the highest viral suppression (90 percent) among all gender groups.
- Asians were most likely to be virally suppressed within 6 months (71 percent) followed by Latinxs (66 percent), Whites (63 percent), and Native Hawaiian/Pacific Islanders (59 percent). Black/African Americans and American Indian/Alaska Natives had lower viral suppression (55 percent and 53 percent, respectively) compared to all other groups.
- Transmission by transgender sexual contact (TGSC) had the highest viral suppression within 6 months of diagnosis (74 percent), followed by high-risk heterosexual contact (HRH) (68 percent), male-to-male sexual contact (MMSC) (68 percent), and MMSCIDU (67 percent). Transmission by injection drug use (IDU) had the lowest viral suppression (50 percent).

Persons Newly Diagnosed with HIV — California, 2018

Figure 1. Linkage to HIV Care: Persons Newly Diagnosed with HIV Infection — California 2018

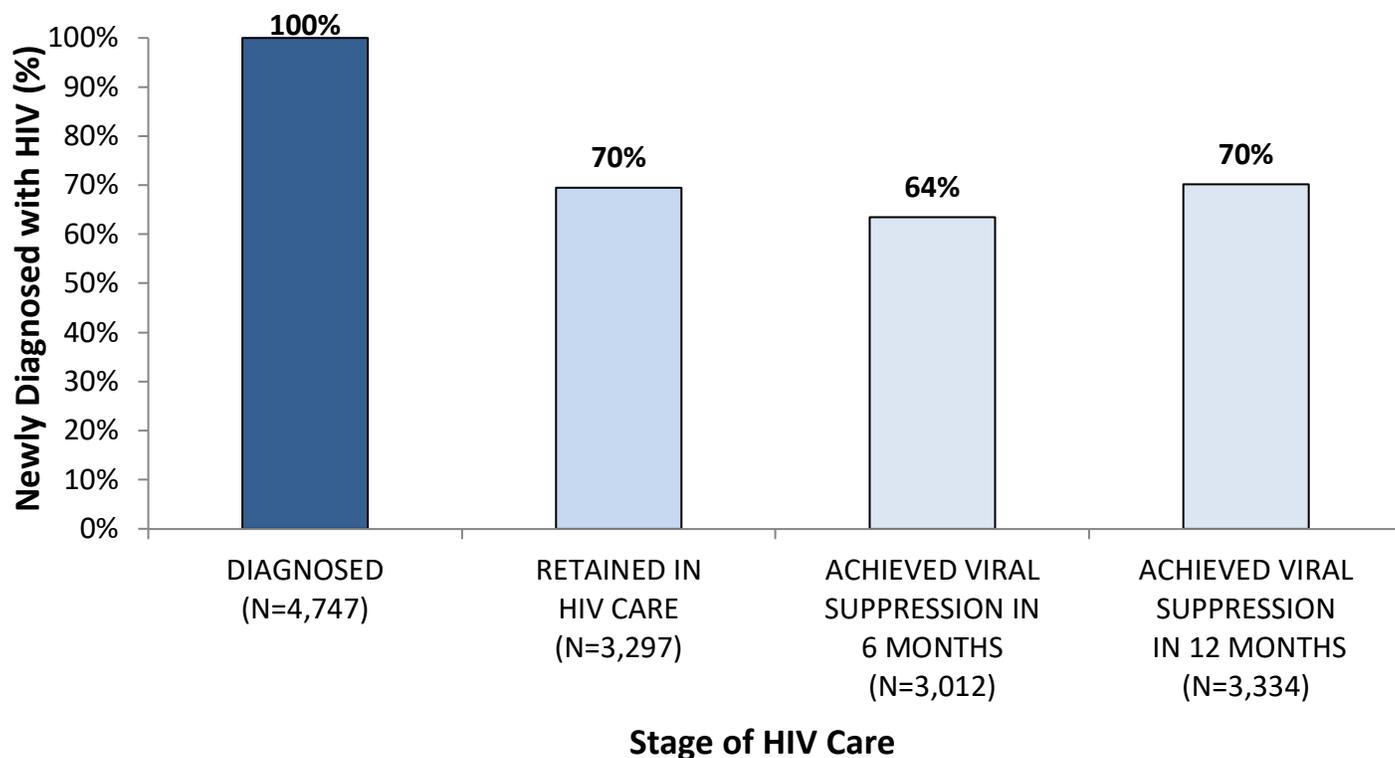


Newly diagnosed persons met the Centers for Disease Control and Prevention (CDC) surveillance case definition for HIV infection and were reported to be living in California at the time of diagnosis. Persons who had at least one CD4, viral load, or HIV-1 genotype test within the specified time period after diagnosis were considered to be linked to care during that time period. Time from diagnosis to linkage to care was calculated based on the month and year of the earliest diagnostic HIV test and the month and year of the next CD4, viral load, or HIV-1 genotype test.

The data were extracted from the California HIV Surveillance System at least 12 months after the end of the calendar year to allow for delays in case and laboratory reporting. Nonetheless, these data may still slightly underestimate the number of persons linked to care within 12 months since persons diagnosed late in the calendar year had less time for lab test results to be reported.

Persons Newly Diagnosed with HIV — California, 2018

Figure 2. The Continuum of HIV Care: Persons Newly Diagnosed with HIV Infection — California 2018

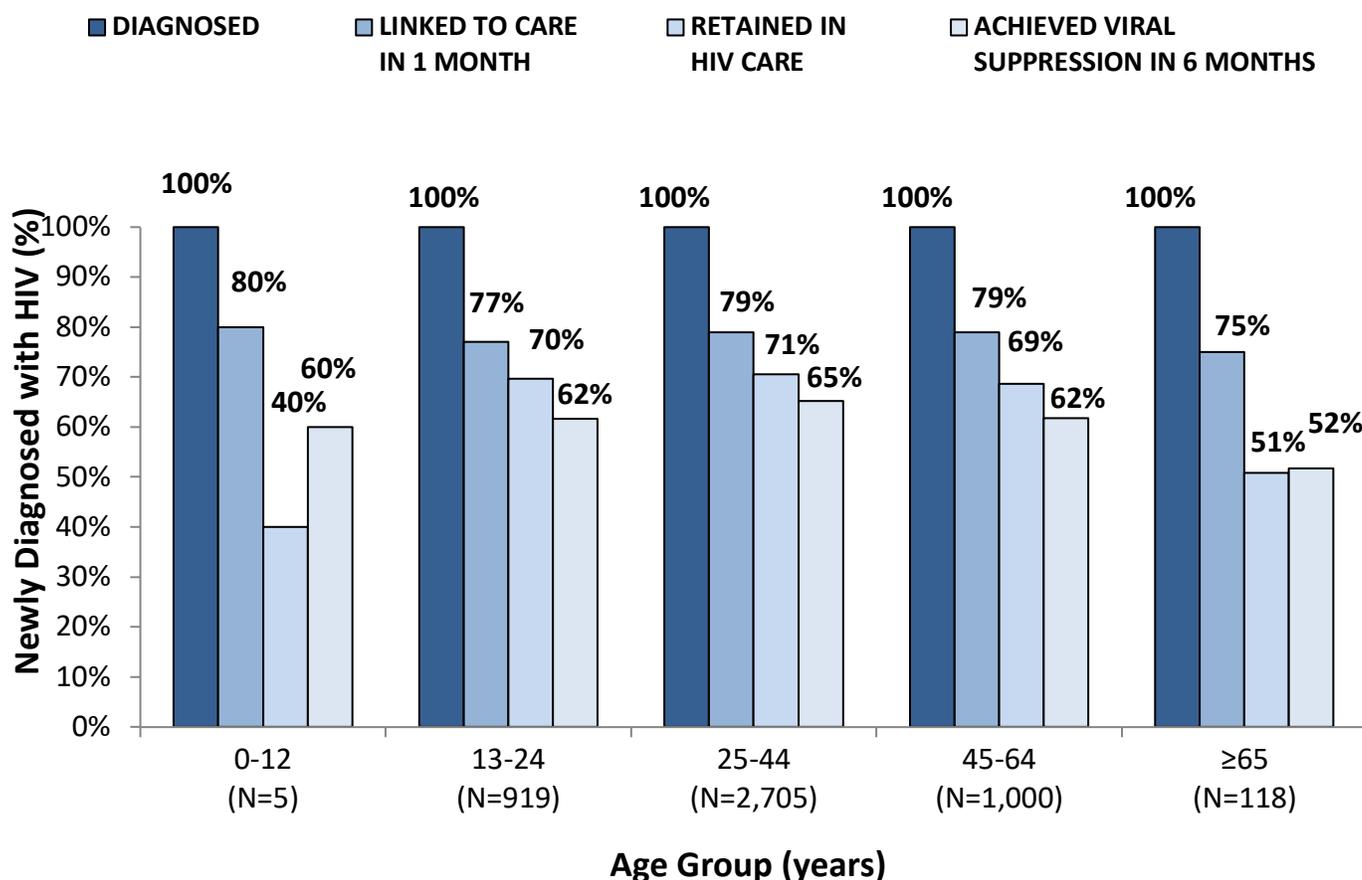


Newly diagnosed persons met the CDC surveillance case definition for HIV infection and were reported to be living in California at the time of diagnosis. Newly diagnosed persons who had two or more CD4, viral load, or HIV-1 genotype tests that were performed at least 3 months apart, within 12 months of diagnosis were considered retained in care. Newly diagnosed persons whose most recent viral load test result within the reported time period following diagnosis was ≤ 200 copies/ml were considered to be virally suppressed.

The data were extracted from the California HIV Surveillance System at least 12 months after the end of the calendar year to allow for delays in case and laboratory reporting. Nonetheless, these data may still slightly underestimate the number of persons linked to care within 12 months since persons diagnosed late in the calendar year had less time for lab test results to be reported.

Persons Newly Diagnosed with HIV — California, 2018

Figure 3. The Continuum of HIV Care by Age Group: Persons Newly Diagnosed with HIV Infection — California 2018

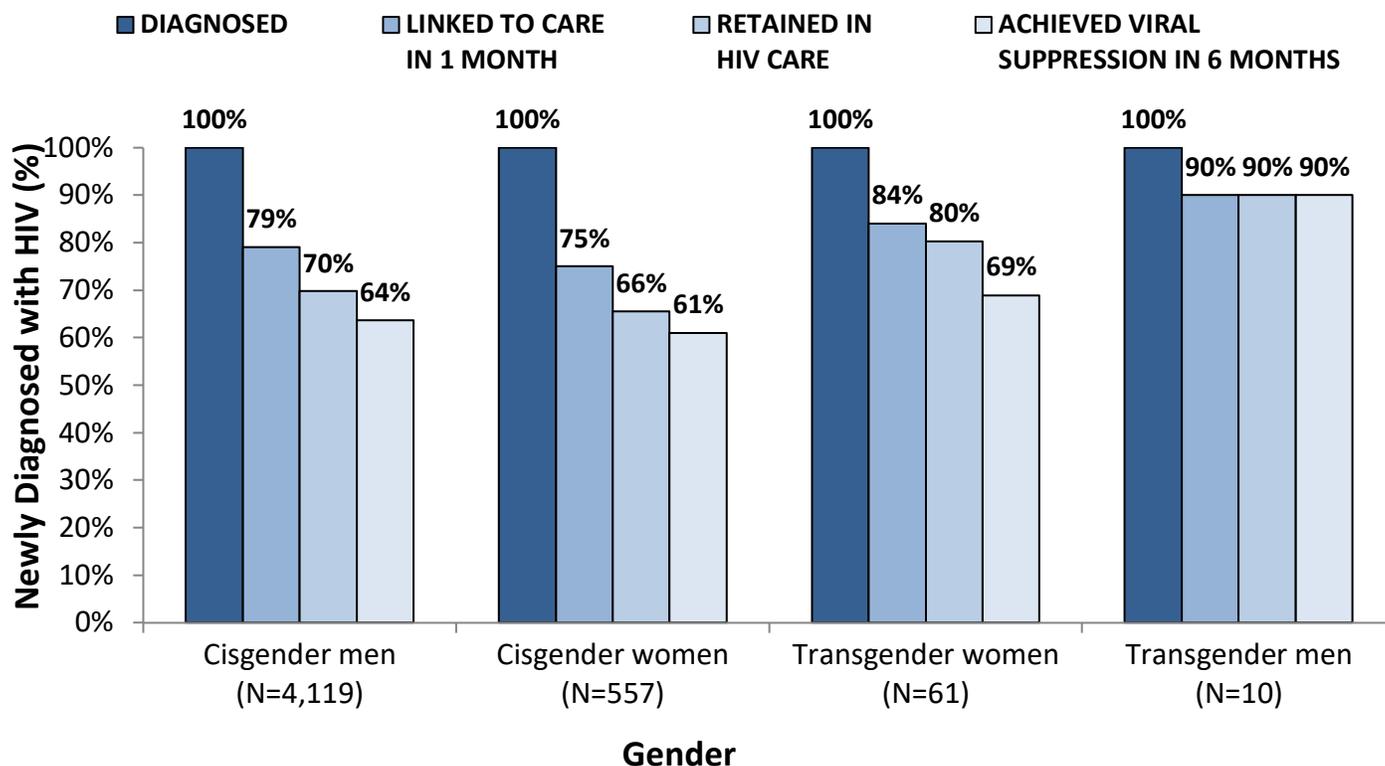


Newly diagnosed persons met the CDC surveillance case definition for HIV infection and were reported to be living in California at the time of diagnosis. Persons who had at least one CD4, viral load, or HIV-1 genotype test within one month of diagnosis were considered to be linked to HIV care in one month. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart within 12 months of diagnosis were considered retained in care. Persons whose most recent HIV viral load test result within 6 months of diagnosis was ≤ 200 copies/ml were considered to be virally suppressed.

Age was calculated as of the date of diagnosis.

Persons Newly Diagnosed with HIV — California, 2018

Figure 4. The Continuum of HIV Care by Gender: Persons Newly Diagnosed with HIV Infection — California 2018

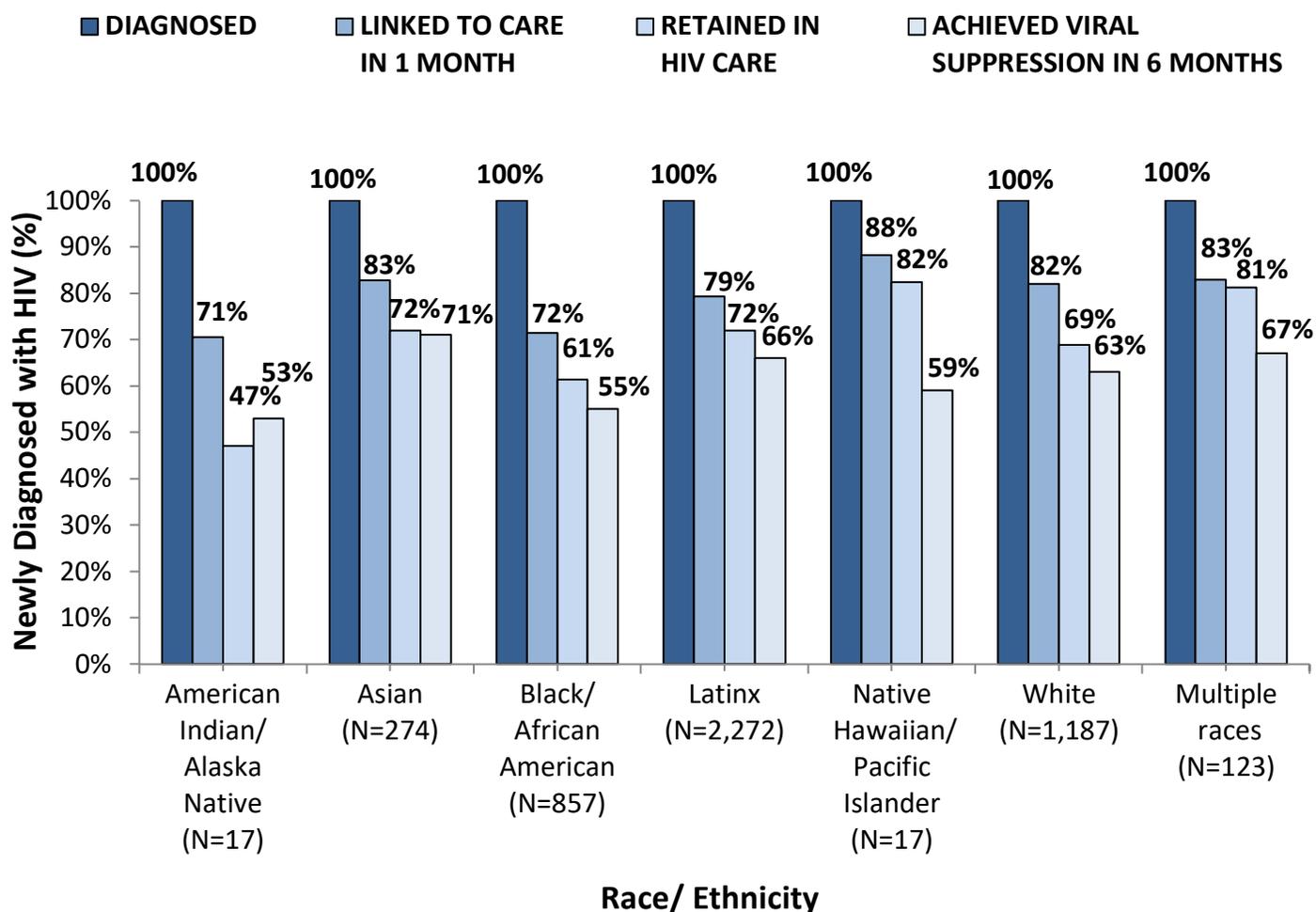


Newly diagnosed persons met the CDC surveillance case definition for HIV infection and were reported to be living in California at the time of diagnosis. Persons who had at least one CD4, viral load, or HIV-1 genotype test within one month of diagnosis were considered to be linked to HIV care in one month. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart within 12 months of diagnosis were considered retained in care. Persons whose most recent HIV viral load test result within 6 months of diagnosis was ≤ 200 copies/ml were considered to be virally suppressed.

Current gender was determined as of the last day of the calendar year. Persons were classified as transgender if a case report form affirming their transgender status was present in HIV surveillance data.

Persons Newly Diagnosed with HIV — California, 2018

Figure 5. The Continuum of HIV Care by Race/Ethnicity: Persons Newly Diagnosed with HIV Infection — California 2018

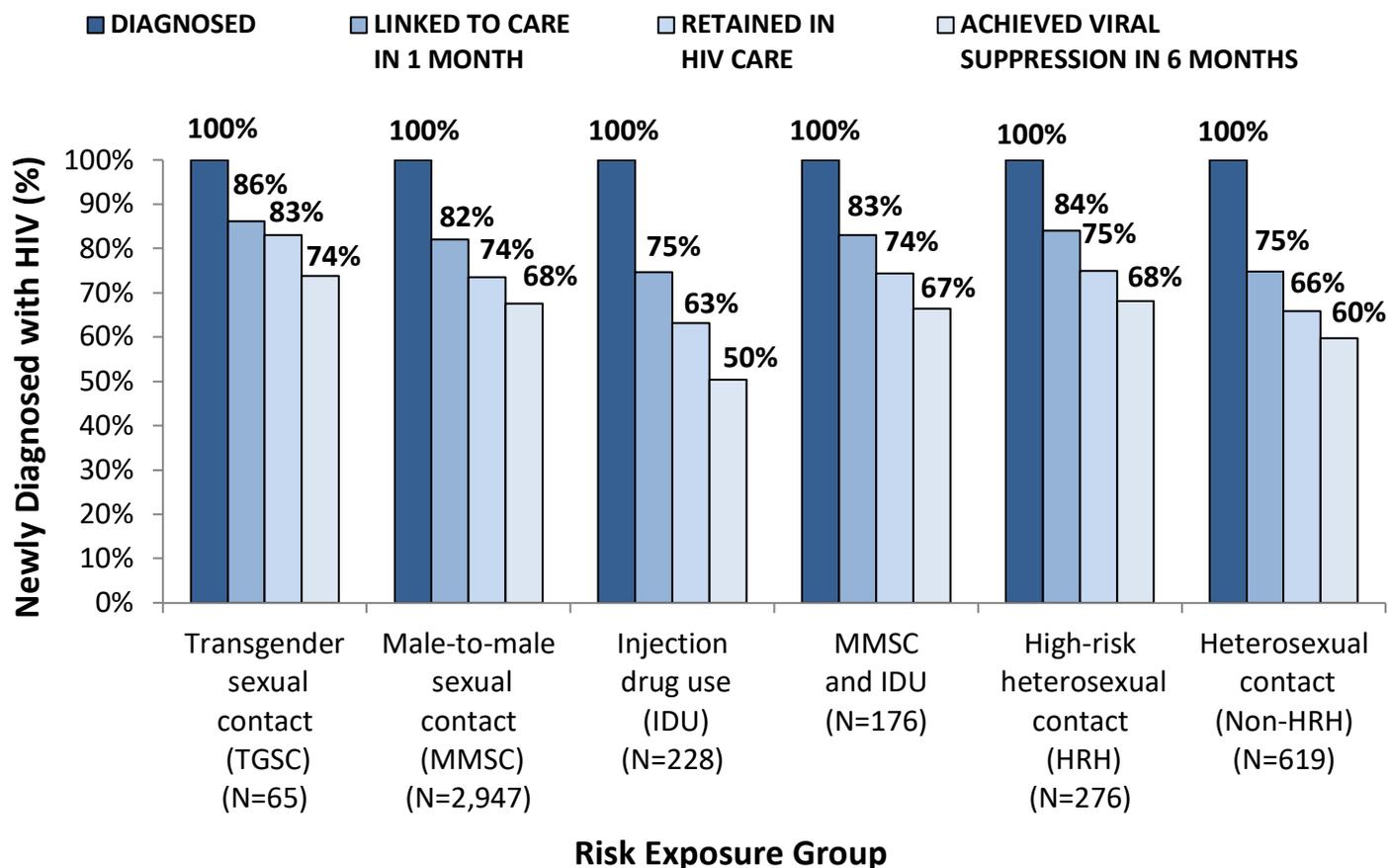


Newly diagnosed persons met the CDC surveillance case definition for HIV infection and were reported to be living in California at the time of diagnosis. Persons who had at least one CD4, viral load, or HIV-1 genotype test within one month of diagnosis were considered to be linked to HIV care in one month. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart within 12 months of diagnosis were considered retained in care. Persons whose most recent HIV viral load test result within 6 months of diagnosis was ≤ 200 copies/ml were considered to be virally suppressed.

Latinx persons can be of any race. Although California Government Code Section 8310.5 requires the Department to tabulate information by expanded ethnicities for each major Asian and Pacific Islander group, the data shown here are not disaggregated into those groups in order to maintain the confidentiality of these persons.

Persons Newly Diagnosed with HIV — California, 2018

Figure 6. The Continuum of HIV Care by Transmission Category: Persons Newly Diagnosed with HIV Infection — California 2018



Newly diagnosed persons met the CDC surveillance case definition for HIV infection and were reported to be living in California at the time of diagnosis. Persons who had at least one CD4, viral load, or HIV-1 genotype test within one month of diagnosis were considered to be linked to HIV care in one month. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart within 12 months of diagnosis were considered retained in care. Persons whose most recent HIV viral load test result within 6 months of diagnosis was ≤ 200 copies/ml were considered to be virally suppressed.

Transgender persons who report sexual contact are placed in the transmission category of TGSC, regardless of IDU. HRH includes persons who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth, and that partner was known to be HIV positive or engage in an activity that put them at high risk for HIV (e.g., MMSC, IDU). Non-HRH includes persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth. Perinatal includes persons who were exposed immediately before or during birth, or after birth due to breastfeeding. Among the persons newly diagnosed with HIV in California in calendar year 2018, there were three persons categorized as perinatal and one person categorized as having “other” risks such as having hemophilia, receiving a blood transfusion, or experiencing an occupational exposure. An additional 432 persons had no known risks reported and were categorized as “unknown risk.” Persons categorized as having “other” or an “unknown risk” are not shown in the figure above.